DOCUMENT RESUME

ED 372 820 PS 022 158

AUTHOR Judge, Kathleen A.
TITLE Trends in Programs for At Risk Preschool Children, Ages 3-5.
PUB DATE Dec 93
NOTE 63p.
PUB TYPE Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Academic Achievement; *Day Care Effects; *Early Intervention; *High Risk Students; *Low Income Groups; Nursery Schools; Parent Participation; Parents as Teachers; *Preschool Children; Preschool Education; School Community Relationship
IDENTIFIERS Project Head Start

ABSTRACT

Noting the current educational trend toward early intervention for at-risk preschool children, this paper examines issues surrounding programs for children at risk. Chapter 1 presents an historical review of the European and American infant school movements, the day nursery movement, nursery and emergency nursery school movements, and Head Start. Chapter 2 describes current trends and research in the area of early intervention. It emphasizes the use and assessment of developmentally appropriate practice, multicultural practice, parent involvement, and family support and collaborative networks. Chapter 3 recommends that current programs establish the following short-term objectives in order to provide the best and most effective early educational experience to the families they serve: (1) low child-to-staff ratios, staff training, inclusion of the family, and improvement of salaries and funding; and (2) collaborative efforts among schools, libraries, social service agencies, and public and private self help agencies so that parents will have access to the training and support they need to become better teachers for their children. Contains 99 references. (SM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

PS

ED 372 820

Trends in Programs for At Risk Preschool Children, Ages 3 - 5

by

Kathleen A. Judge
December 1993

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Kathleen A. Judge

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

PS 02[illegible]8

BEST COPY AVAILABLE

Topic Proposal: Trends in Programs for At Risk Preschool Children, Ages 3-5.

One of the current trends in educaiton today is early intervention for at risk preschool children. There are a variety of programs which vary in scope and implementation. However, they all share the common goal of helping children achieve greater success in school. This research paper will examine the issues surrounding such programs in three parts; an Historical Overview, Current Trends, and A Needs Assessment. Each section will present the following:

I. Historical Overview

This section will present a historical review of programs for children at risk beginning with the Infant school movement in the early nineteenth century in Europe. It will will explore Project Head Start in great depth, focusing on its goals and accomplishments as well as the early problems it faced in the area of research and assessment.

II. Current State of the Art

This section will present the current research in the area of early intervention and outlind the current goals and policies. It will discuss the common elements of successful programs such as parent involvement and collaboration with outside agencies and provide supporting research of such trends.

III. Needs Assessment

This section will summarize the research from part II and discuss what still needs to be done. It will address issues such as program evaluation, funding and what programs are doing to reach all of the families in need of services.

Chapter One

One of the current trends in education today is early intervention for at risk preschool children. At risk children are defined by Carta, Schwartz, Atwater and McConnell (1991) as "children who have been subjected to certain adverse genetic, prenatal, perinatal, postnatal or environmental conditions that are known to cause defects or developmental delays or are highly correlated with the appearance of later abnormalities or learning problems". This definition is inclusive to all children at risk. However, when screening for early intervention needs, traditionally at risk children are referred to as children of low socio-economic status who are at risk for academic failure. It is these children specifically who receive federal funding in many intervention programs.

Preschool children commonly refers to children between the ages of infancy through school age (Bredekamp 1987). For this paper, it will primarily encompass children between the ages of three and five years of age or those preschool children who receive services specifically and directly to them.

The stereotyped portrayal society has of at risk preschool children generally typifies the poor black child. Over 25% of all children under six years of age lives in poverty. More shocking is the fact that two-thirds of all poor children are white, while 43% of all black children

live in poverty and 40% of all Hispanic children live in poverty (Dimidjian 1992). Very grave statistics when you consider that one out of every four children under six years of age is living below the poverty level and qualifies for early intervention services by definition.

Programs for at risk preschool children have become synonymous with Head Start but an historical review of the literature reveals that programs for poor and at risk children have been in existence since the early 1800's.

The European Infant Movement

Programs to help poor or at risk children originated in Europe. European society first became concerned with the effects of poverty on children in the early nineteenth century as a result of the Industrial Revolution. During this time women and children were expected to work long hours in factories. The effects of these demands on families were devastating. Infants and small children were left alone for long hours and their basic needs neglected. The infant mortality rate was at a record high. In an effort to combat this problem, infant schools were created to care for poor and working class children whose parents were unable to properly care for them as they were away at work (Cahan 1989).

In addition to basic care for infants and young children, European society felt that poor working families were incapable of properly caring for their children and that due to their economic status they were destined for a

life of crime. The infant schools were designed as an attempt to "save" these children by teaching them morality and religious study. Their primary mission was to prevent the children from a life of crime and delinquency while reforming their parents into model citizens (Cahan 1989). Educational training consisted of time spent reading scriptures from the bible to the children.

Through growing need and concern, the infant school movement grew throughout Europe. Schools opened throughout Great Britain, Scotland, Belgium, Germany, Italy and France, each having similar goals and purposes: to provide for children whose mothers worked outside the home and to teach morality. It became widespread opinion that poor families were unable to control their children and that they were incapable of raising them properly. Based principally on these prejudicial convictions the infant school movement grew throughout Europe and into the United States.

The U.S. Movement

American educators followed the lead of the European infant school movement beginning in the late 1820's. At this time cities such as New York, Philadelphia and Boston began to open infant schools as a way of "teaching morality to the children of poverty" (Cahan 1989).

In 1828 the Infant School of Boston was founded. It served children from eighteen months to four years for a fee of two cents a day. The society was endorsed by private donations, fund raising, annual dues and tuition. Their

purpose was to care for poor children whose parents were away at work while teaching them morality and religion.

In 1932, the New York Public School society established primary schools and the infant school movement quickly began to fade as did public support and private donations. The trend to follow was the push for the nuclear family. During this time public opinion became the view that the best place to raise a child is in the home by the natural mother (Cahan 1989). These decisions and trends were the opinion of the times rather than any type of evidence such as evaluation, observation or assessment.

The Day Nursery Movement

The last quarter of the nineteenth century began the day nursery movement. The concept of the day nursery originated in France with the discovery of the creche. The creche or day nursery was designed exclusively for the care of young children whose parents were away at work. The day nursery movement was an organized effort to help poor families cope with the changing times.

In 1875, the National Conference on Charities and Corrections included child welfare on its agenda. As a result, the number of day nurseries in the United States grew dramatically. Their objective was to assist the "broken family" by providing a safe haven for the children (Cahan 1989).

The curriculum of the day nursery consisted primarily of cleanliness and hygiene. There were no licensing

regulations or health requirements. The centers were generally over enrolled and understaffed. An average teacher (commonly referred to as a "matron") was responsible for anywhere between 30 and 50 children, cooking, cleaning and laundering. Meals provided very little nourishment to the children. A typical meal consisted of watered down vegetable soup and watery cocoa to drink. Milk was reserved for the very weak and frail children and was only supplied with a doctor's prescription. There were little or no organized games and playgrounds were nonexistent. Some of the "better" centers had a side yard or rooftop to provide for outdoor play (Cahan 1989).

Up until the late nineteenth century, the programs for at risk children were designed for poor white children and their families. Although many black families were in need of care for their young children, services were denied to them for reasons such as overcrowding or blatant racial discrimination. As a result of racial prejudice a separate but equal movement began to establish day nurseries among black communities.

At the turn of the century society began to question the effectiveness of the day nursery. Widespread belief was that these centers did not help the poor family but instead encouraged laziness and drunkenness especially among the men. Centers began to screen families and public opinion began to push the notion that a mother's place was in the home and that children should be cared for exclusively by

her. This trend was based on opinion rather than policy or research just as the trend which ended the infant school movement in the beginning of the century.

The Nursery School Movement

Between 1920 and 1930, child development became an area of interest and study at the university level. The traditional nursery school came out of this movement. Many universities housed nursery schools which were used as research or laboratory settings. The enrichment curriculum became popular at this time and the focus was social development as a means to help "...poor families back into the mainstream" (Cahan 1989). It's intent was that the fathers could work and the mothers could stay home to care for the children (Cahan 1989).

The reality of the nursery school movement which provided an enrichment curriculum became a luxury for the affluent while the poor centers employed few untrained workers to care for too many children to follow any type of enrichment program (Cahan 1989). Nevertheless, the nursery school movement was the beginning of child development as a profession and the beginning of child care as an educational experience as opposed to an institutionalized experience of morality and "maintenance".

Emergency Nursery Schools

Programs for at risk children took another turn during the time of the Depression and World War II. Emergency nursery schools were opened in an effort to create jobs and

serve needy children. While many men were called to serve their country, women were called into the workforce. In an effort to provide care for the numerous children who would be left unattended, the LANHAM act was established. The LANHAM act provided over 3000 child care centers, caring for children whose mothers were forced to work in defense related factories or institutions (Cahan 1989).

These centers were overcrowded and understaffed. The curriculum was once again one of basic care and nutrition. At the end of the war, the returning soldiers replaced the women in the workforce and the need for child care quickly diminished. The nursery school funds were withdrawn and the centers quickly faded. Once again the trend was for women to remain in the home and care for their children (Cahan 1989).

The Head Start Movement

Child care for the poor once again became an issue in the 1960's when President Lyndon B. Johnson initiated the national War on Poverty crusade. Early childhood education was a major focus of this project. In 1965 Project Head Start was launched as a summer pilot program. The Fall of that same year it was run as a year long program for three to five year olds.

Head Start was the first national movement toward quality early education for at risk children. In fact nowhere in the history of early intervention has there been a program as comprehensive and all inclusive as Project Head

Start. The seven goals set out in the original planning meeting included (Washington and Oyemade 1987):

1. to improve the child's physical health and physical abilities

2. to help the emotional and social development of the child by encouraging self confidence, spontaneity, curiosity, and self discipline

3. to improve the child's mental processes and skills with particular attention to conceptual and verbal skills

4. to establish patterns and expectations of success for the child that will create a climate of confidence for future learning efforts

5. to increase the child's capacity to relate positively to family members and others, while at the same time strengthening the family's ability to relate positively to the child

6. to develop in the child and the family a responsible attitude toward society and encourage society to work with the poor in solving their problems

and 7. to increase the sense of dignity and self worth within the child and the family.

Head Start was primarily intended for children between the ages of three and five years. It's services were intended for, although not exclusive to, children and their families whose incomes fell below the poverty level. Approximately 90% of all Head Start families' income levels

fall below the poverty line. Minority children comprise at least two-thirds of all children enrolled in the program. In fact, 42% of all Head Start children are black, 33% are white, 20% are Hispanic, 4% are American Indian, and 1% are Asian (Washington and Oyemade 1987).

The design and philosophy of Head Start was based on the idea that the preschool years were critical years with regard to the development of young children. It was further believed that these years were most critical in terms of the development of verbal ability, general intelligence and basic school achievement (Washington and Oyemade 1987).

The Head Start program flourished during the initial years of programming. It received good press coverage and by 1966 it was considered a chief social program. During this time the Head Start administration went on record claiming that a six week program could "...develop a positive self-concept, produce new levels of language competence, discover and correct an accumulation of five years' worth of medical problems, and convince parents that early intervention was a solution to all their problems" (Caldwell 1974).

In the spring of 1966 most of the initial studies began to report I.Q. gains for the children who participated in the original summer program. However, these reports also indicated a wash out of these initial gains by mid-year in the regular school setting (Caldwell 1974). In spite of the

evidence, Head Start was looked upon as the savior program for the poor.

In 1969 the famous Westinghouse report was released. The Westinghouse report was the first follow-up study of the original summer program and its long term effects three years after the program. The study compared one of over 100 centers across the country with a matched control group that did not receive Head Start services. The study found that Head Start children showed only moderate gains on standardized tests of cognitive ability and that these gains did not have any lasting impact (Washington and Oyemade 1987).

The Westinghouse report was released in 1966 and although there were considerable questions regarding its validity and intent, its negativity has had a tremendous impact on the future of Head Start and other early intervention programs.

After the Westinghouse Report, the future of programs for preschool children at risk began to face many new challenges. Does early childhood education make any type of difference in the lives of at risk children? And do these effects have any lasting impact? After all isn't a small boost early with or without any lasting effects a good thing? The impact of the Westinghouse report nearly cost Head Start its funding and future. Suddenly it was believed that the program was a failure rather than a program which

aimed to provide children with an even start into the primary years.

In the upcoming years short term and long term studies began to trickle in and Head Start slowly began to regain its popularity. Shortly after the Westinghouse report, the Office of Economic Opportunity released a report concluding that children who participated in the Head Start program did not lose any cognitive gains from their experience. Nevertheless, the cognitive gains they did achieve early on leveled off "allowing other children to catch up with them" (Washington and Oyemade 1987). The report also validated parental approval of the program and found a correlation between success rate and parents who were more involved in the program (Washington and Oyemade 1987).

In 1970, the Kirshner report, in a review of fifty-eight communities running full year Head Start programs attained that "Head Start effectively made local institutions more responsive to the poor" (Washington and Oyemade 1987). Further studies in support of Head Start and other early intervention programs soon followed.

A cross study analysis by Darlington, Royce, Snipper, Murray and Lazar (1976) found that low income children who had attended early intervention programs in the sixties had "significantly higher rates of meeting school requirements that did control groups...". They found that the children involved in early intervention programs were less likely to

repeat a grade and less likely to receive special education services than their control group peers.

In 1977, another federally funded investigation of Head Start revealed that children who participated in the program entered first and second grade close to or on target with the national norms and remained at this level during their first year of school. However, this investigation found that by the second or third grade, head start children did not necessarily show better achievement than non-head start children (Washington and Oyemade 1987).

In the early 1980's the results of the Perry Preschool project were published. The Perry Preschool project was an extensive research program for poor black children which was initiated in 1966. It was the first longitudinal study of an early intervention program which tracked the children up until nineteen years of age. The study found that a quality early preschool experience for children at risk can lead to greater school success. They found that the children who attended the Perry preschool program "had better grades, fewer failing marks, and fewer absences in elementary school" (Berrueta-Clement, Schweinhart, Barnett, Epstein, and Weikart 1984). They also discovered that these children were less likely to receive special education services and that they were more likely to complete high school and continue their education. The Perry preschool study was one of the only studies to find that such benefits can extend into adulthood.

To further their claim, Berrueta-Clement et al. (1984) did a cross study analysis of seven early intervention programs. [1) the Early Training Project in Mursfreesboro TN., 2) the Perry Preschool in Ypsilanti, MI., 3) the Mother-Child Home in Long Island, NY., 4) the Harlem Project in Harlem, NY., 5) the Rome Head Start in Rome, GA., 6) the Milwaukee Project in Milwaukee, WI., and 7) the New York Pre-K in upstate New York.] All of these studies tracked participants past the third grade. From this analysis, the following conclusions were made with regard to benefits of early intervention on poor or at risk children:

1) six of the seven studies showed that early childhood education can have an immediate and positive effect on children's intellectual performance as represented by intelligence test scores

2) six of the studies showed that early childhood education can reduce by one half the placement into special education classes in later years

3) three studies showed that early childhood education can help prevent youth from dropping out of high school

4) there is mixed evidence from a few studies that early childhood education can increase future scholastic achievement

and 5) the Perry preschool study is the only study to date to show that early childhood education can help prevent delinquency or teen-age pregnancy or to improve

the likelihood of employment during the year after high school

These conclusions indicate considerable evidence that the use of early intervention for at risk children show positive effects with regard to the development and success of the child. True that these benefits taper off in the elementary years but there is significant evidence to support the notion that such programs increase a child's cognitive ability in the early years.

In the defense of Head Start, Dittman (1980) argued that the Westinghouse report was both bias and over generalized. She points out that even though cognitive gains were reported in the Head Start children, the fact that these gains usually faded during the elementary years was interpreted erroneously. She added that the critics lost sight of the original goals set forth by the Head Start planning committee such as improving physical health, social-emotional development and building the family's self worth and influence on society. Although these goals cannot be easily measured they were the original intent of the program.

As Head Start began to regain its dignity the program began to re-evaluate its needs and other programs ensued. Some of these programs included (Washington and Oyemade 1987):

- Health Start which ran from 1971 to 1974 offered health services to children under six.

- Home Start which ran from 1972 to 1975 provided intervention services to families in their home.

- Parent and Child centers whose goal was to provide services to children under three and their parents.

- The Child and Family Resource center which was designed to work with families during the prenatal stage up until the child turns eight.

and - Project Follow Through which was created to bridge the gap between the early cognitive gains attained and the apparent loss of such gains in the early elementary years.

Many of these programs were short lived but came out of the Head Start movement in an attempt to maintain quality and success. Despite the fact that many of these special projects are no longer in existence, their focus was to aid the at risk family as well as to supplement the goals of the original project.

In 1988 based on the findings of Head Start and other early intervention projects, the Kenan model was established in North Carolina. The Kenan model was an intergenerational approach aimed to break the cycle of undereducation of at risk families by combining quality early childhood education with adult education and parenting training. The Kenan model had four major components; 1) adult education which provided GED or adult basic education to parents, 2) early childhood education which provided a quality education experience for at risk preschool children, 3) Parent Time

(PT) which offered parent training and support to parents, and 4) Parent and Child Together time (PACT) which provided intergenerational activities for the parents and their children in the early childhood setting aimed to help at risk parents become an active part of their child's early education and literacy learning (Darling and Hayes 1989).

The first year findings found that children made significant academic gains and that their parents had a better understanding of their role in their child's academic success. The Kenan Trust model is known today as Even Start and continues to work with at risk preschool children and their parents (Darling and Hayes 1989).

Clearly there is evidence to support Project Head Start and other quality early intervention programs. The research shows children do indeed demonstrate cognitive gains allowing them to enter into the primary grades on level with their middle class peers. Early intervention also clearly reduces the likelihood of special education placement and/or grade retention.

It took time but Head Start has regained its popularity and the program has won financial battles receiving additional federal monies. In 1990, Head Start celebrated its 25th anniversary. It acts as the leader in the forefront of all early intervention programs. Although all intervention programs are different it is essential that

future trends learn from the early mistakes and collaborate on plans to make such programs as effective as possible for all.

ANNOTATED BIBLIOGRAPHY

Berrueta-Clement, J.R., Schweinhart, L.J., Barnett, W.S., Epstein, A.S., and Weikart, D.P. (1984). Changed Lives The Effects of the Perry Preschoolll Program on Youths Through Age 19, Monographs of the High/Scope Educational Research Foundation. Michigan: High/Scope Press.

This book documents a major intervention project in Ypsilanti, Michigan; the Perry Preschool Program. The Perry Preschool program was a high quality intervention program run through the school district and intended for poor black children. The study looks at the long term and short term effects of the project of participant children from ages three or four through nineteen years as compared to a non-participatory control group. The study found that the children who participated in the program showed significant gains in areas of cognitive and social development as well as long term effects to the community. The study also found that these gains had a lasting effect.

Cahan, Emily D. (1989). Past Caring: A History of U.S. Preschool Care and Education for the Poor, 1820 - 1965.

This book examines the history of child care programs for the poor. It gives a description of the different movements for the care of poor children beginning with the early nineteenth century in Europe. It discusses the models, their goals and implications as well as the continutin forces against them right up to the national Head Start movement in 1965.

Caldwell, Bettye M. (1974, July). A decade of early intervention programs: What we have learned. American Journal of Orthopsychiatry. 44(4). 491-496.

This article examines the period between 1964 and 1974 with regard to movements in early intervention. It looks at these movements in terms of developmental stages and concludes that we need to look back at what we have evolved from, learn from our mistakes and proceed with caution and optimism.

Darlington, R.B., Royce, J.M., Murray, H.W. and Lazaar, I. Preschool programs and later school competence of children from low income families. Science. 208(4440). 202-204.

A follow up study of eight early intervention programs serving low income black children and their long term effects beyond the primary grades. The study looked at eleven centers in the Notheast, Southeast and Midwest and cross analyzed the following data; Weschler Intelligence test scores, school records, school administered achievement test scores, and parent and child interviews. Their study found that the preschool experience had a significant correlation to increased I.Q. in the early years but that these gains began to level off after the second or third grade. They also found that the preschool children were less likely to repeat a grade or attend special education classes.

BIBLIOGRAPHY

Abelson, W.D., and Zigler, E. (1974). Effects of a four year follow through program on economically disadvantaged children. Journal of Educational Psychology. 66(5). 756-771.

Auerbach-Roberts, Elsa. (1989, May). Toward a social contextual approach to family literacy. Harvard Educational Review. 59(2). 165-181.

Berrueta-Clement, J.R., Schweinhart, L.J., Barnett, W.S., Epstein, A.S., and Weikart, D.P. (1984). Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age 19, Monographs of the High/Scope Educational Research Foundation. Michigan: High/Scope Press.

Berlin, G. and Sum, A. (1988). Toward a More Perfect Union: Basic Skills, Poor Families, and Our Economic Future. New York: Ford Foundation.

Bredekamp, Sue. (1986). Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8. Washington D.C.: National Association for the Education of Young Children.

Brown, James. (1960). Child welfare classics. Social Service Review. 34(2). 195-202.

Cahan, Emily D. (1960). Past Caring: A History of U.S. Preschool Care and Education for the Poor, 1820 - 1965. New York: Columbia University.

Caldwell, Bettye M. (197, July). A decade of early intervention programs: What we have learned. American Journal of Orthopsychiatry. 44(4). 491-496.

Clarke, A.M., and Clarke, A.D.B. (1975). Early Experience: Myth or Evidence. New York: The Free Press.

Committee for Economic Development. (1989). Children in Need: Investment Strategies for the Educationally Disadvantaged. New York: CED.

Crow, Gary A. (1978). Children At Risk. New York: Schocken Books.

Cunningham, C.E. and Osborn, D.K. (1979, March). A historical examination of blacks in early childhood education. Young Children. 20-29.

Curry-Rood, L., Rood, L.A., and Carter, S.E. (1981). Head Start Parent Handbook. Maryland: Gryphon House.

Darling, S. And Hayes, A.E. (1989). Breaking the Cycle of Illiteracy: The Kenan Family Literacy Model Program. Louisville, KY: The National Center for Family Literacy.

Darlington, R.B., Royce, J.M., Murray, H.W., and Lazaar, I. (1980). Preschool programs and later school competence of children from low income families. Science. 208(44400). 202-204.

Dimidjian, Victoria Jean. (1992). Early Childhood At Risk: Actions and Advocacy for Young Children. Washington, D.C.: Natioal Education Association.

Dittman, Laura L. (1980, September). Project head start becomes a long distance runner. Young Children. 2-9.

Epstein, A.S. and Weikart, D.P. (1979). The Ypsilanti-Carnegie Infant Education Project. Michigan: The High/Scope Press.

France, M.G., Hager-Meeks, J. (1993, April). Recruit, respect, respond: A model for working with low-income families and their preschoolers. The Reading Teacher. (46). 568-572.

Gilhousen, M.R., Allen, L.F., Lasater, L.M., Farrell, D.M., and Reynolds C.R. (1990). Veracity and vicissitude: A critical look at the milwaukee project. Journal of School Psychology. (28). 285-299.

Gray, S.W., and Klaus, R.A. (1970). The early training project: A seventh year report. Child Development. (41). 909-924.

Greenberg, Polly. (1990, September). Head start - part of a multi-prolonged anti-poverty effort for childrena and their families. Young Children. 40-53.

Hechinger, Fred M. (1986). A Better Start: New Choices for Early Learning. New York: Walker and Company.

Hodges, W.L. and Sheehan, R. (1979, July). Follow through as ten years of experimentation what have we learned? Young Children. 4-14.

Lombardi, Joan. (1990, September). Head start: The nation's pride, a nation's challenge. Young Children. 22-29.

Moses, D., and Croll P. (1987). Parents as partners or problems. Disability, Handicap and Society. 2(1). 75-83.

Schweinhart, L.J., and Weikart, D.P. (1986, Janauary). What do we know so far? A review of the head start synthesis project. Young Children. 49-55.

Siegal, A.W. and White, S.H. (1982). The child study movement: Early growth and development of the symbolized child. In Hayne W. Reese, Advances in Child Development and Behavior. (Vol. 17). New York: Academic Press.

Trachtman, Roberta. (1991, April). Early childhood education and child care issues of at risk children and families. Urban Education. 26(1). 25-41.

Travers, J., and Goodson, B.D. (1980). Final Report of the National Day Care Study Research Results of the National Day Care Study. Cambridge: Abt Books.

Washington, V., and Oyemande, U.J. (1987). Project Head Start Past, Present, and Future Trends in the Context Family Needs. New York: Garland Publishing, Inc..

Zigler, E., and Berman, W. (1983, August). Discerning the future of early childhood intervention. American Psychologist. 38(8). 894-906.

Chapter Two

Since its inception in 1965, the Head Start curriculum model has had very little changes (Head Start Bureau, Washington, D.C.). Head Start is recognized as the leader in Early Intervention and its model has been adopted and implemented by many early intervention programs, such as Even Start and many school based pre-k programs. Changing times and circumstances, however, have forced programs to expand their services and re-evaluate their current needs (Zigler and Muenchow 1992).

The everyday problems faced by at risk children and their families are much different than those in the 60's, 70's, or even 80's. The multitude of problems faced by at risk children and their families today carry cyclical and interrelated problems that affect them in their everyday experiences (Stevens and Price 1992 and Edwards and Young 1992).

Today, one out of every four children lives in a single family household. This number includes unwed mothers and divorced parents. The percentage of children living in single parent homes is higher in Black and Hispanic families where the percentage has risen to 55% and 30% respectively. In addition to single parent households, many children today are homeless. In fact, children make up the fastest growing fragment of the homeless population. Today there are over 100,000 homeless children, many of them are forced to find

shelter in motels, emergency housing, or automobiles (Klein, Bittel and Molnar 1993).

Many children live in neighborhoods plagued with drugs and violence. Over 350,000 newborns are exposed prenatally to drugs or alcohol each year. Although the effects vary greatly, the risks to children with regard to health and education are appalling and bring with them many new challenges to these fields (Stevens and Price 1992).

Many parents today have little or no parenting skills. Many at risk children are born to teenage mothers or mothers who have been abused or mistreated themselves. In 1991 there were 2.7 million reported cases of child abuse and neglect. This number represents a 13% increase from 2.4 million in 1989 (U.S. Department of Health and Human Services Administration for Children and Families 1993).

Low literacy skills and illiteracy are at a record high. The National Center for Health Statistics reported in 1990 that 1 out of every 5 births in the United States was to a mother who had not completed high school. With little or no education many at risk families must face unemployment or underemployment

The relationship of these problems represents a continuous cycle of poverty and undereducation for many at risk children and their families. As a result many at risk programs have elected to involve the family in their services. Head Start and Even Start lead the forefront in working closely with at risk preschool children and their

families. However, this does not dismiss the fact that other early intervention programs are effectively meeting the needs of at risk families.

Results of the Perry Preschool study of participant children at age 27 demonstrate that "high quality, active learning programs for young children living in poverty return $7.16 for every dollar invested" (Schweinhart and Weikart 1993). Schweinhart and Weikart (1993) conclude that their findings can be generalized to all programs serving at risk preschool children. However, they emphasize that for programs to be effective, they must include developmentally appropriate curriculum, parent involvement, meals for children and social services as well as other support networks for families.

A quality program will cost approximately $5500 per child. (In 1993 congress allocated only $3720 per child to Head Start). The child to staff ratio should be no more that 8:1 and in order for programs to be of quality, teachers need to be trained specifically in early childhood education (Schweinhart and Weikart 1993).

Developmentally Appropriate Practice

The concept of developmentally appropriate practice or curriculum for young children is not new. Developmentally appropriate practice has been carefully defined and spelled out by the National Association for the Education of Young Children (see Bredekamp 1987). Although this model is not

new it is used throughout quality early childhood programs and has become the authority on effective programming.

Developmentally appropriate practice refers to "...the teaching practices, organizational structure, and institutional supports that facilitate active, nurturing, and productive learning experiences for young children" (U.S. Department of Education 1991). Central to this idea is that children learn best by actively exploring their environment as opposed to being "...passive recipients of information from others" (Schweinhart and Weikart 1993).

Quality programming recognizes that a child's work is a child's play. Play aids in cognitive development while serving important functions in a child's physical, emotional, and social development. A developmentally appropriate program adapts to the child's strengths and abilities by building on and challenging them (Jewett 1992).

The High/Scope preschool curriculum study compared three known approaches to early childhood education: 1) the High/Scope approach (used in the Perry Preschool, Even Start and many Head Start programs), 2) the traditional nursery school approach, and 3) the direct instruction approach. The High/Scope and the traditional nursery school approach are both similar in that they both employ child-initiated learning activities. In the traditional nursery school model, children are encouraged to actively explore their environment. The teacher's role is that of a facilitator, guiding and challenging the child's abilities. The

High/Scope approach follows these same fundamental principles while implementing a "plan-do-review" sequence. The purpose of this sequence being to help a child choose a plan, follow through by "doing" and review what he has done, thus making a child responsible for his actions and encouraging him to think about and build on what he has done. The direct instruction approach is one in which a child is expected to respond to questions and activities directed by the teacher (Schweinhart and Weikart 1993).

The study found that the intellectual performance of all three groups showed improvement (an average of 27 IQ points after one year). However, long term effects on social responsibility indicated that at 15 years, the High/Scope and traditional nursery school groups reported involvement in 50% less delinquent acts than the direct instruction group. This number delineates 1/5 as many property offenses (Schweinhart and Weikart 1993). In conclusion, child-centered programming appears to improve children's social responsibility perhaps by offering children a sense of autonomy and responsibility.

Assessment in Developmentally Appropriate Programs

Developmentally appropriate practice also advocates the use of appropriate assessment tools. "Most tests focus only on language and mathematics while insisting that children provide one right answer on demand" (Schweinhart and Weikart 1993). Quality early intervention programs have adopted appropriate observation and assessment tools to evaluate and

account for children's growth and development. Hills (1993) states that the most prevalent objectives for which assessment procedures are used in early childhood programs include:

1) educational planning and communicating with parents

2) identifying children with special needs and

3) program evaluation and accountability.

Most assessment tools being used in quality early intervention programs today rely on work samples, observations and anecdotal records of children's progress. "Assessment processes require teachers to discover what children know and can do and where they are in their development and learning as a basis for deciding how they can be assisted in their further growth and learning" (Hills 1993).

Many early intervention programs utilize portfolios in combination with an assessment tool to track children's progress for evaluation and accountability purposes, as well as planning activities for children. However, to date, there is no universal procedure or tool required or used in early intervention programs.

The portfolio is a system of keeping work samples of a child over the course of the year. By looking at the work in chronological order, the child's development can be viewed (Cohen 1993). For example, in September a four year old may write squiggles and refer to them as letters, in

February she may be writing random letters and in May she may be able to write her entire name. This type of assessment is helpful in tracking progress and is helpful to parents, by providing visuals of what their child is learning.

Schweinhart (1993) states that an effective early childhood assessment tool must meet four criteria:

1) It should be developmentally appropriate. By this Schweinhart believes it should include language, mathematics, initiative, social relations, creative representation, and music and movement all of which should allow children to engage in child initiated, activities in addition to teacher initiated activities.

2) It should be reliable. By reliable Schweinhart contends that it should be scored in the same manner by a variety of scorers while maintaining internal consistency across all items.

3) It should be valid. That is it should be in relation to a child's current development in addition to future measure of school success. In addition it should be anti-bias across cultures and races.

4) It should be user friendly. It should be both easy to use and meaningful in its function to classroom planning.

A popular assessment tool which meets the standards set forth by Schweinhart is the High/Scope Observation Record (COR). (See Appendix 2a.) The COR is used in Even Start

programs and is used in many Head Start programs as well. A two year study funded by the national Head Start office found the COR to be "...feasible, valid, and reliable..." (Schweinhart, McNair, Barnes, and Larner 1993).

The COR assesses a child's development in areas of initiative, creative representation, social relations, music and movement, language and literacy, and logic and mathematics. (see Key Experiences - appendix 2b.) The teacher keeps anecdotal records describing a child's abilities in these six areas and rates them three times a year on 30 five-level items. These levels are interpreted into numbers for statistical and comparison purposes necessary to track growth (Schweinhart 1993).

Another assessment tool used in many Head Start programs is the Work Sampling System. The Work Sampling System is similar to the COR in that the teacher must complete a check list which covers seven areas of development; personal and social development, language and literacy, mathematical thinking, scientific thinking, social studies, art and music, and physical development. A portfolio of the child's work samples is maintained and a summary report of each child's development is completed three times a year. The Work Sampling System is designed for use in preschool through third grade (Meisels 1993).

Although there is no universal assessment tool used in Head Start or any other early intervention program, these programs do utilize the criteria established by Schweinhart

to determine proper assessment procedures. It is standard practice that quality programs avoid standardized and achievement testing at the early childhood level.

Multicultural Practice

Multicultural practice refers to a classroom model which is accepting of children and family differences. These differences may include race, gender, disability (ie. physical as with cerebral palsy or developmental as with Down's Syndrome), ethnicity, culture, socio-economic status, or living conditions (Mallory and New, forthcoming). The major focus of multicultural practice is anti-bias in nature and it is an integral element to Head Start and other programs serving at risk children.

In 1991 Head Start established a policy manual titled Multicultural Principles. It outlines what Head Start regards as ten key principles in establishing multicultural programming with diverse populations. They are:

1) Every individual is rooted in culture.

2) The cultural groups represented in the communities and families of each Head Start program are the primary sources for culturally relevant programming.

3) Culturally relevant and diverse programming requires learning accurate information about the culture of different groups and discarding stereotypes.

4) Addressing cultural relevance in making curriculum choices is a necessary, developmentally appropriate practice.

5) Every individual has the right to maintain his or her own identity while acquiring the skills required to function in our diverse society.

6) Effective programs for children with limited English speaking ability require continued development of the primary language while the acquisition of English is facilitated.

7) Culturally relevant programming requires staff who reflect the community and families served.

8) Multicultural programming for children enables children to develop an awareness of, respect for, and appreciation of individual cultural differences.

9) Culturally relevant and diverse programming examines and challenges institutional and personal biases. and *10) Culturally relevant and diverse programming and practices are incorporated in all components and services.*

The principles listed here describe valid reasons for maintaining an anti-biased classroom while the manual attempts to define each principle. However, despite clear definitions of what multicultural programming means, there is little or no research documenting its use or verifying its implementation. Despite the lack of adequate research, Mallory and New (forthcoming) advocate that "...educating all children will require the will and commitment to understand and respond to cultural differences". It is

believed that when this is achieved the results will be the empowerment of children, parents, and teachers.

Parent Involvement

Parent involvement is believed to be an essential element of successful and quality programs. Although the extent of parent involvement varies from program to program, the current trend of parent involvement is a two generation approach. A two generation approach is one that "...promotes children's development within a family support context" (Collins 1993). Such an approach targets children together with their parent(s).

Essential elements include building on family strengths and responding to the child and family in a holistic manner that sets goals for the entire family as well as the child.

White, Taylor, and Moss (1992) define parent involvement as the inclusion of two or more of the following traits:

- *teaching parents specific intervention skills to assist them in becoming more effective change agents with their children*
- *providing social and emotional support to family members*
- *the exchange of information between parents and professionals*
- *participation of parents as team members (eg., in assessment or program planning)*

and - assisting parents in accessing community resources.

Edwards and Young (1992) point out that studies reveal greater student achievement as a result of parent involvement. The Head Start Program Performance Standards manual (1993) includes parent involvement as one of its many goals. The objectives include recognizing the parent as the child's primary teacher while providing participation both within the classroom environment and implementation process.

How parent involvement is implemented varies from program to program. Some include intergenerational activities within the child's classroom as in the Even Start program, while many Head Start programs include parents as volunteers. In addition to the inclusion of parents within the early childhood classroom, many programs implement parent involvement through home based programming or home visits. Whether or not programs involve parents within the home or center, the key to successful parent involvement is parent empowerment; that is, helping parents become active and responsible participants in their child's academic development (Schweinhart and Weikart 1993).

One of the biggest problems with parent involvement is that it is very difficult to assess and measure. Popp (1992) advocates the use of family portfolios in documenting changes in parent-child relationships. Family portfolios may include products from joint activities, photographs of a parent and child working together, and anecdotal

observations of actual parent/child involvement. Family portfolios can be difficult to maintain, however, they are beneficial in tracking parent-child progress. They are also effective in that they empower parents within the classroom environment.

Family Support and Collaborative Networks

Beyond parent involvement many programs for at risk children are building support networks within their programs to help families in their everyday lives. Even Start includes adult literacy within its program components while new provisions for Head Start require that they either offer or refer parents to such services.

Many programs for at risk children collaborate with federal programs such as the Jobs (Job Opportunities and Basic Skills) program. Family Service Centers also collaborate with Head Start programs to provide parents with employment training and assistance (Children's Defense Fund 1993). Other efforts include referral services for medical and therapy services, housing issues such as heat and electricity, as well as other basic needs.

Most programs indicated 'family support networks' to be an essential component to current programming. However, no research to document its implementation or outcome could be found. The assumption is certain, that by providing the necessary supports, at risk families can rise above the challenges they face and succeed into better opportunities. The most recent Even Start data available (1991) indicates

the most challenging aspects of program implementation as recruitment and retention (Seaman, Popp, and Darling 1991). Despite national efforts to serve at risk families, only 58% of all eligible families are being served by any type of preschool program (Schweinhart and Weikart 1993).

In order to achieve the national education goals set forth, conventional school/home/community relationships must be redefined. Families, communities, and schools must work together for the benefit of the children (Stevens and Price 1992). Continued research is necessary to evaluate the current trends cited in programs serving at risk children and their families. In addition, federal standards must be set to insure quality programming. The long term effects of quality early intervention are indisputable, but only when the services rendered are of high quality, focusing on the family as a whole.

ANNOTATED BIBLIOGRAPHY

Cohen, D.L.. (1993, March). Smart tests: A new approach to assessment helps teachers understand the way young children think and grow. Teacher Magazine. 4. 20-21.

This article discusses the value of student portfolios in assessing and tracking academic progress in young children. In it, Cohen describes the essential ingredients that go into a student portfolio such as a child's work samples in all academic domains and anecdotal observations. Student portfolios are represented as an alternative to standardized testing practices as they visually track a child's growth.

Collins, Raymond C.. (1993). Head start: Steps toward a two generation program strategy. Young Child. 48(2). 25-33.

This article discusses the goals and objectives of parent involvement and Head Start as a two generation approach. The article compares the parent involvement of Head Start in 1965 to today and addresses issues that Head Start must face if it is to meet the objectives set forth by the National educational goals that all children will receive Head Start services by the year 2000.

Schweinhart, L.J., and Weikart, D.P. (1993). Success by empowerment: The high/scope perry preschool study through age 27. Young Children. 49(1). 54-58.

Now that the results of the Perry Preschool study are in at age 27, Schweinhart and Weikart review what they believe to be the successful components which they feel can be generalized to other programs serving at risk children. In their article they advocate for quality programs which must empower children, parents, and teachers. They conclude that quality intervention programs for at risk children are only part of the solution.

BIBLIOGRAPHY

Administration on Children, Youth, and Families, Administration for Children and Families, and Department of Health and Human Services. (1993, January). Project Head Start Statistical Fact Sheet. Washington, D.C.: ACYF, ACF, and DHHS.

Bergan, J.R. and Feld, J.K. (1993). Developmental assessment: New directions. Young Children. 48(5). 41-47.

Boutte, G.S., LaPoint, S. and Davis, B. (1993). Racial issues in education: Real or imagined? Young Children. 49 (1). 19-23.

Bredekamp, Sue. (1987). Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8. Washington, D.C.: National Association for the Education of Young Children.

Children's Defense Fund. (1993, March). Head start moves into the 1990's. CDF Reports. 14(4). 1-4.

Collins, Raymond C. (1993). Head start: Steps toward a two generation program strategy. Young Children. 48(2) 25-33.

Cohen, D.L. (1993, March). Smart tests: A new approach to assessment helps teachers understand the ways young children think and grow. Teacher Magazine. 4. 20-21.

Edwards, P.A. and Jones-Young, L.S. (1992). Beyond parents: Family, community, and school involvement. Phi Delta Kappan. 74(1). 72-79.

France, M.G. and Hager, J.M. (1993). Recruit, respect, respond: A model for working with low income families and their preschoolers. The Reading Teacher. 46(7). 568-572.

Head Start Bureau. (1991, March). Multicultural Principles. (Log #ACYF-IM-91-03). Washington D.C.: Human Development Services.

Head Start Bureau. (1993, March). Income Guidelines. (Log #ACYF-IM-93-08). Washington D.C.: Administration for Children and Families.

Hills, Tynette W. (1993). Assessment in context - teachers and children at work. Young Children. 48(5). 20-28.

Jewett, Janet. (1992, November). School-Based Early Childhood Centers: Options for Local Policy Action. Portland, OR: Northwest Regional Educational Laboratory.

Kelly, R.F. and Ramsey, S.H. (1991). Poverty, children, and public policies: The need for diversity in programs and research. Journal of Family Issues. 12(4). 388-403.

Klein, T., Bittel, C., and Molnar, J. (1993). No place to call home: Supporting the needs of homeless children in the early childhood classroom. Young Children. 4 8(6). 22-31.

Mallory, B.L. and New, R.S. (forthcoming). Diversity and Developmentally Appropriate Practices. New York: Teachers College Press.

Meisels, Samuel J. (1993)_. Remaking classroom assessment with the work sampling system. Young Children. 48(5). 34-40.

Mowder, B.S., Unterspan, D., Knuter, L., Goode, C., and Pedro, M.N. (1993). Psychological consultation and head start: Data, issues, and implications. Journal of Early Intervention. 17(1). 1-7.

National Association for the Education of Young Children and National Association of Early Childhood Specialists in State Departments of Education. (1991). Guidelines for appropriate curriculum content and assessment in programs serving young children ages 3 through 8. Young Children. 46(3). 21-38.

Popp, Robert J. (1992, February). Family Portfolio's: Documenting Change in Parent-Child Relationships. Louisville, KY: National Center for Family Literacy.

Ramey, Craig T. (1992). High risk children and I.Q.: Altering intergenerational patterns. Intelligence. 16. 239-256.

Roth, M.A., McCaul, E., and Barnes, K. (1993). Who becomes an "at-risk" student? The predictive value of a kindergarten screening battery. Exceptional Children. 59(4). 348-358.

Schweinhart, Lawrence J. (1993). Observing young children in action: The key to early childhood assessment. Young Children. 48(5). 29-33.

Schweinhart, L.J., McNair, S., Barnes, H., and Larner, M. (1993, Summer). Observing young children in action to assess their development: The high/scope child observation record study. Educational and Psychological Measurement. 53. 445-455.

Schweinhart, L.J. and Weikart, D.P. (1993). Success by empowerment: The high/scope perry preschool study through age 27. Young Children. 49(1). 54-58.

Seaman, D., Popp, B., and Darling, S. (1991, Spring). Follow-Up Study of the Impact of the Kenan Trust Model for Family Literacy. Louisville, KY: National Center for Family Literacy.

Sinclair, Esther. (1993). Early identification of preschoolers with special needs in head start. Topics in Early Childhood Special Education. 13(2). 184-201.

Stevens, L.J. and Price, M., (1992). Meeting the challenge of educating children at risk. Phi Delta Kappan. 74(1). 18-23.

U.S. Advisory Board on Child Abuse and Neglect. (1993, April). The Continuing Child Protection Emergency: A Challenge to the Nation. Washington, D.C.: Department of Health and Human Services Administration for Children and Families.

U.S. Department of Education. (1991, August). Preparing Young Children for Success: Guide Posts for Achieving Our First National Goal. Washington, D.C.: USDE.

U.S. Department of Health and Human Services, Administration for Children and Families, and U.S. Advisory Board on Child Abuse and Neglect. (1993, April). The Continuing Child Protection Emergency: A Challenge to the Nation. Washington, D.C.: U.S. Government Printing Office.

U.S. Department of Health and Human Services, Administration for Children and Families, Administration for Children, Youth and Families, and Head Start Bureau. (1993). Head Start Program Performance Standards (45-CFR-1304). Washington, D.C.: DHHS.

Walker-Dalhouse, Doris. (1993). Beginning reading and the african american child at risk. Young Children. 49(1). 24-28.

White, K.R., Taylor, M.J., and Moss, V.D. (1992, Spring). Does research support claims about the benefits of involving parents in early intervention programs? Review of Educational Research. 62(1). 91-125.

Zigler, E., and Muenchow, S. (1992). Head Start: The Inside Story of America's Most Successful Educational Experiment. New York: Basic Books.

Zigler, E. and Muenchow, S. (1993). Head start: The next generation. Zero to Three. December/January. 30-32.

Chapter 3

The outlook for the future of early intervention is for the first time since 1965, a national concern. A review of early intervention through current day research reveals that it is effective. At risk preschool children who participate in a quality early intervention program show significant cognitive gains, social gains, reduced incidence of special education services, and grade retention. The long term results of such programs show that disadvantaged children who participate in a quality early childhood program are more likely to graduate high school, enroll in college level programs, and find adequate employment opportunities. They are also less likely to participate in delinquent behavior, become teenage parents, or receive public assistance (Weikart and Schweinhart 1991).

The effectiveness of quality early intervention is recognized nationally. In 1991 former President Bush delivered America 2000 which contained six national education goals for improving schools by the year 2000. Goal number one is of critical importance to the future of early childhood education, more specifically early intervention. This goal will have a direct impact on the future programming and expansion of programs for at risk children. It states, "by the year 2000, all children will start school ready to learn" (NAEYC 1992). In an effort to achieve this goal, three short term objectives have been established:

#1 - all disadvantaged and disabled children will have access to high quality and developmentally appropriate preschool programs that help prepare children for school;

#2 - every parent in America will be a child's first teacher and devote time each day helping his or her preschool child learn; parents will have access to the training and support they need;

and #3 - children will receive the nutrition and health care needed to arrive at school with healthy minds and bodies, and the number of low birthweight babies will be significantly reduced through enhanced prenatal health systems.

Despite the intent of this goal and other national efforts, including Head Start, the economically disadvantaged are grossly underserved. Today only 58% of all eligible children participate in any type of preschool program (Schweinhart and Weikart 1993). However, simply increasing the number of programs serving at risk children is only part of the solution. In order to achieve the national education goal by the year 2000, programs for at risk children must re-evaluate the quality of their programming before quantity can increased. Current programs must establish short term objectives so that they can be confident that they are providing the best and most effective early educational experience to the families they serve.

Objective #1 - High Quality

One limitation of the gleaming reports of the success of preschool programs for at risk children is that the successful programs must be of high quality. The medial programs are not producing positive outcomes. Despite the National Association for the Education of Young Children's effort to clearly define quality programming (see Bredekamp 1987), or the varied and inconsistent state licensing requirements, there is little in the way of enforcing quality (Weikart and Schweinhart 1991).

To date there is no general consensus on how to ensure high quality. There is agreement, however, that low child to staff ratio's, staff training, inclusion of the family, and funding level are all necessary components to quality programming. Weikart (1989) advocates that quality curricula is based on "...sound child development principles..." and child initiated/teacher responsive learning. Weikart (1989)outlines the following principles for the selection of quality curricula in early childhood settings:

- *the curriculum must be developed from a clear child development theory and philosophy*

- *the curriculum must be clearly stated and written and must be organized around child initiated learning*

- the curriculum must be applicable to a wide range of children, such as children with special needs, minorities, and others

- the curriculum must have been operated under a variety of sponsorships (ie. schools in different states, community groups, churches, etc.)

- the curriculum must be specifically appropriate for ages 3, 4, and 5

- the curriculum must provide for parent involvement

- the curriculum must have a planned system to train people to do the process

and - the curriculum must be validated through a series of research projects that examine the impact of the curriculum over a number of years.

With the need for additional early intervention programs, these guidelines are intended to help administrators and program planners, many of whom are unfamiliar with developmentally appropriate practice, in choosing an effective program model. These guidelines can be especially helpful to elementary schools who are unfamiliar with early childhood education and philosophy and more accustomed to a more teacher-directed approach to learning.

Despite the clear guidelines for implementation of developmentally appropriate practice, additional support and curricula shifts are needed at the administrative level.

Part of ensuring high quality early intervention requires the implementation of teacher as facilitator and guide (Jewett 1992). While teacher-controlled, direct instruction models may produce adequate academic outcomes, "...they fail to have the desired social-behavioral consequences..." achieved by the model programs (Weikart and Schweinhart 1991).

Salary also has a direct impact on program quality. The average wage earned by early childhood teachers is $12,000 per year, compared to $28,000 for elementary school teachers (Weikart 1993). One of the major purposes of early intervention is to break the cycle of poverty. Meanwhile, the salary for educated, experienced teachers is often at the poverty level. Inadequate salaries have a host of negative effects on overall program quality. First of all, with such low salaries, it is difficult to attract and maintain well trained professionals. Low salaries also affect program morale and staff turnover (Lombardi 1990). Head Start reports losing one in every five teachers each year (Zigler and Muenchow 1992).

If our nation is to meet the national child care 2000 goal, a commitment must be made for adequate staff compensation in order to attract well trained experienced teachers. Since funding has always been recognized as a problem, Weikart (1989) suggested we re-evaluate the way we look at early childhood education. Since high quality early intervention programs aid in the prevention of many social

problems (ie. reduced costs in remedial education, criminal justice system, unemployment, and welfare programs), funding of early intervention should be included in the allocation of resources by these agencies.

Such collaborative and non-traditional efforts toward funding look at early intervention as a necessary link to social reform, proven to save tax dollars in the long run (Schweinhart and Weikart 1993). In order to achieve the first national objective of quality education, salaries must see drastic improvements so that quality programming can be implemented and maintained.

The early childhood field, backed by the National Association for the Education of Young Children has made vital strides in the area of developmentally appropriate practice, curriculum, and greater teacher compensation. However, if our nation is to achieve its goal that "all children will enter school ready to learn", educators, parents, and administrators alike must come to a consensus by achieving the first objective and demanding that all at risk children participate in a high quality developmentally appropriate early intervention program. In order to achieve this, licensing and program implementation must be enforced on the federal, state, and local levels.

Objective #2 - Parents as Teachers

Parents are ultimately responsible for their child's well being and development. "Children's health, attitudes, values, self-image, and understandings are initially shaped

by their families" (U.S. Department of Education 1991). Studies indicate that although parents spend a great deal of hours with their children, they devote only an average of fifteen minutes per day in what is considered to be quality time. Examples of quality parent/child time include, reading and playing together or simply listening to what a child has to say (U.S. Department of Education 1991).

Subsequently the primary role of parents as teachers to young children places a major emphasis on direct parent involvement and parent education both within the home and school setting. Since it's onset, Head Start has always recognized the parent to be the child's first and most influential teacher. Even Start expanded Head Start's efforts by combining early childhood education, adult education, and parent-child intergenerational activities (Zigler and Muenchow 1992).

Head Start and Even Start both offer a home based component which provide intergenerational activities and parent training and support within the home. The Even Start legislation allows programs to provide home based services to at risk families and their children whose children are between infancy and seven years of age (Even Start Family Literacy Programs Statute).

Providing services to children under the age of three is a trend which may see major expansion in the next few years. Zigler and Muenchow (1992) recommend that Head Start expand their services to include programs for children

under three years old. They conclude that the number of dysfunctional families being served is far greater today than in the last decade. Recent statistics support this allegation. They conclude that earlier intervention will provide greater assistance to at risk families.

It is the opinion of the author that Zigler and Muenchow's recommendations for Head Start expansion ought to be extended to all early intervention programs. Beginning intervention during infancy supports the parents from the onset. It also provides valuable opportunities for parents to better understand their child's development and provides families with age appropriate intergenerational activities. This could have a significant impact on the amount of quality time parents spend with their children as well as increase their understanding of the important role parents play in preparing children to succeed in school.

In working with at risk families, this author has observed that the parents appear to be more positive and understanding of their children's behavior and curiosity when they are under two years old. It seems that these perceptions or expectations seem to change somewhere between two and three years of age as parents expectations of their child seem to be greater than what is age expected for a child (ie. a child's curiosity, tantrums, inability to write their name or label colors and shapes). These observations are not intended to be negative nor generalized to all at risk families. They do, however, present a valuable

argument toward early family education by providing parents with training and support. By expanding services to include infants and toddlers, parents will receive the additional support and parent training needed to understand their child's ever changing development.

If at risk programs are to meet the second objective that every parent will be a child's first teacher, collaborative efforts must be established between schools, libraries, social service agencies, and both public and private self help agencies so that parents will also have access to the training and support they need. In addition, programs need to empower parents to become interested and involved in their child's education.

Objective #3 - Nutrition and Health Care

From the onset, Head Start has included well balanced meals and medical services to children (Zigler and Muenchow 1992). Most quality early intervention programs offer breakfast or lunch, ensuring at least one nutritious meal a day to at risk children.

Most licensed child care facilities require that children have up to date medicals and immunizations. Historically, Head Start has always offered health services to disadvantaged children. Unfortunately, many Head Start programs no longer provide such health services nor do they staff a public health nurse, due to limited allocations (Zigler and Muenchow 1992). Mandating up to date medicals and immunizations helps the many disadvantaged children who

participate in licensed early intervention programs. However, such procedures exclude children who are not in a licensed program, or any program at all (42%). This policy also ostracizes low income families who are not eligible for medicaid, but are unable to pay for medical services.

Transportation is another deterrent for many at risk families, as they may not have access to an automobile and families living outside city limits may not find public transportation available. In order to achieve objective #3, public and private sector programs and health facilities need to collaborate and offer services to all at risk children. Zigler and Muenchow (1992) suggest that health practitioners and dentists come into the center once or twice a year to provide medical and dental check-ups, immunizations, and any needed referrals. These services should include siblings. Maintaining children's health is a vital factor in preparing at risk children to enter school ready to learn, as many childhood diseases prevalent among children living in poverty have a direct impact on their ability to learn, attend, or control their behavior. Examples include high lead levels, prenatal drug and/or alcohol exposure, and inadequate diet. (Stevens and Price 1992).

Increased social problems (ie. homelessness, abuse, domestic violence, drugs, alcohol, etc) indicate a need for casemanagement services. Collaborative efforts would provide families with the resources and support needed to

deal with the ever increasing challenges of their daily lives.

The American Psychological Association "...recently established a network of 500 psychologists..." to provide pro bona services to Head Start programs across the country (Zigler and Muenchow 1992). This is a major move in the right direction for effective programming and collaboration.

The effects of these increased social problems among at risk families coupled with the fact that the lowest rates of immunizations are among children under two years are just another reason many experts are advocating for "earlier" comprehensive intervention. Providing services to families with children under three years of age offers families support in all aspects of parenthood and secures adequate health care and referrals earlier.

Since cost is a serious barrier to comprehensive quality programming, such programs need to cooperate with and build on existing community resources in order to meet the needs and challenges of at risk families by the year 2000.

Conclusion

Early intervention has clearly proven itself effective in helping at risk children. Early intervention programs, particularly Head Start, are received favorably by the public and congress as well (Zigler and Muenchow 1992). Early Intervention has become a primary component of the nation's education goals designed to improve the quality of

education which will have a direct and significant impact on the future of early intervention (National Association for the Education of Young Children 1992). However, educators must demand full services and funding prior to expanding services to include all children. Afterall, the evidence is clear that in order to have long term effects, the programs must be of sound quality as outlined in this paper.

It is the opinion of the author, that too often public support for children is superficial. Society talks about how important children are to the future by exploiting them for the sake of profit. For example, numerous television commercials portray children to sell their products ranging from hamburgers to life insurance policy's. However, when it comes to public and private support in funding quality early intervention programs which are proven to help at risk children to better succeed, society falls short in caring. In order to achieve the national education goals set forth, society must look at the long term investment in children as opposed to the immediate profit and work together to provide full services to all at risk families.

ANNOTATED BIBLIOGRAPHY

Davis, W.E., and McCaul, E.J. (1990). At Risk Children and Youth: A Crisis in Our Schools and Society. Maine: College of Education, University of Maine.

This monograph presents prevailing concerns and information pertinent to children at risk. It addresses the history of education and care to at risk children as well as current issues regarding such programs. Recommendations are included with regard to effective policy making and programming procedures.

Weikart, D.P., and Schweinhart, L.J. (1991 Fall). Disadvantaged children and curriculum effects. New Directions for Child Development. 53. 57-64.

This article discusses the value of high quality early intervention as part of the solution to the scope of social problems faced by many disadvantaged youth today. Weikart and Schweinhart review the research and discuss the implications these studies may have on future trends in the area of educating disadvantaged preschoolers. They outline what they consider to be the key components of high quality preschool programs.

Zigler, E., and Muenchow, S. (1992). Head Start: The Inside Story of America's Most Successful Educational Experiment. New York: Basic Books.

This book reviews the history of Head Start through present day. It includes recommendations for Head Start to meet the many new challenges it faces. On of the author's of this book; Edward Zigler, sat on the original planning committee and has been actively involved with the administration and implementation of Head Start. This book is a collaborative effort written through Zigler's personal experience and direct involvement with Head Start and Muenchow's direct field research.

BIBLIOGRAPHY

Bredekamp, Sue. (1986). Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8. Washington, D.C.: National Association for the Education of Young Children.

Collins, Raymond C. (1993). Head start: Steps toward a two-generation program strategy. Young Children. 48(2). 25-33.

Davis, W.E., and McCaul, E.J. (1990). At Risk Children and Youth: A Crisis in Our Schools and Society. Maine: College of Education, University of Maine.

Edwards, P.A., and Jones-Young, L.S. (1992 September). Beyond parents: Family, community, and school involvement. Phi Delta Kappan. 74(1). 72-79.

Egbert, Robert L. (1989). Improving Life Chances for Young Children. Lincoln, NE: Teachers College, University of Nebraska-Lincoln.

France, MG., and Hager, J.M. (1993 April). Recruit, respect, respond: A model for working with low-income families and their preschoolers. The Reading Teacher. 46(7). 568-572.

Jewett, Janet. (1992 November). School Based Early Childhood Centers: Options for Local Policy Action. Portland, OR: Northwest Regional Educational Laboratory.

Kahn, A.J., and Kamerman, S. (1987). Child Care Facing the Hard Choices. Dover, MA: Auburn House Publishing Company.

Kelly, R.F., and Ramsey, S.H. (1991). Poverty, children, and public policies the need for programs and research. Journal of Family Issues. 12(4). 388-403.

Lewis, Anne. (1992 December). Helping young urban parents educate themselves and their children. ERIC/CUE Digest. (85). 3-6.

Locurto, Charles. (1991). Beyond iq in preschool programs? Intelligence. (15). 295-312.

Lombardi, Joan. (1990 September). Head start: The nation's pride, a nation's challenge. Young Children. 45(6). 22-29.

National Association for the Education of Young Children. (1992). Goal 1: Problem or promise? Young Children. 47(2). 38-40.

National Association for the Education of Young Children. (1993). The effects of group size, ratios, and staff training on child care quality. Young Children. 48(2). 65-67.

Natriello, G., McDill, E.L., and Pallas, A.M. (1990). Schooling Disadvantaged Children Racing Against Catastrophe. New York: Teachers College Press.

Olmsted, P.P., and Weikart, D.P. (1989). How Nations Serve Young Children: Profiles of Child Care and Education in 14 Countries. Ypsilanti, MI: The High/Scope Press.

Polonio, N.A., and Williams, R.A. (1991 April). The politics of funding at risk programs in the 1990s. Urban Education. 26(1). 43-55.

Schweinhart, L.J., and Weikart, D.P. (1993). Success by empowerment: The high/scope perry preschool study through age 27. Young Children. 49(1). 54-58.

Slavin, R.E., Karweit, N.L., and Madden, N.A. (1989). Effective Programs for Students At Risk. Boston: Allyn And Bacon.

Stevens, L.J., and Price, M. (1992). Meeting the challenge of educating children at risk. Phi Delta Kappan. 74(1). 18-23.

Swan, W.W. and Morgan, J.L. (1993). Collaborating for Comprehensive Services for Young Children and Their Families. Baltimore, MD: Paul H. Brooks Publishing Company.

Trachtman, Roberta. (1991 April). early childhood education and child care issues of at risk children and families. Urban Education. 26(1). 25-42.

U.S. Department of Education. (1991, August). Preparing Young Children for Success: Guideposts for Achieving Our First National Education Goal. Washington, DC: Department of Education.

U.S. Depart of Education. Even Start Family Literacy Programs Statute. Part B of Chapter 1 of Title 1 of the Elementary and Secondary Education Act of 1965 as amended (20 USC 2741-2749).

United States Government Printing Office. (1993 March). Congressional Record. 139 (35). Washington, D.C.: USGPO.

Weikart, David P. (1989 March). Hard choices in early childhood care and education. Young Children. 25-30.

Weikart, D.P., and Schweinhart, L.J. (1991 Fall). Disadvantaged children and curriculum effects. New Directions for Child Development. (53). 57-64.

White, K.R., Taylor, M.J., and Moss, V.D. (1992 Spring). Does research support claims about the benefits of involving parents in early intervention programs? Review of Educational Research. 62(1). 91-125.

Zigler, E., and Muenchow, S. (1992). Head Start: The Inside Story of America's Most Successful Educational Experiment. New York: Basic Books.

Zigler, E., and Muenchow, S. (1993). Head start: the next generation. Zero to Three. December/January. 30-32.

Zigler, E. F., and Lang, M.E. (1990). Child Care Choices Balancing the Needs of Children, Families, and Society. New York: Maxwell Macmillan International.